

REQUEST FOR COST CALCULATION TO PURCHASE SERVICE CREDIT FOR NON-PERMANENT EMPLOYMENT**INSTRUCTIONS AND GENERAL INFORMATION:**

To purchase New Hampshire (NH) service credit for non-permanent employment, return this completed form the New Hampshire Retirement System (NHRS). To purchase non-permanent (probationary) service, you must be currently employed by a NHRS covered employer. The period of non-permanent employment must be for 6 months or more, and must be purchased in a lump sum payment. Non-permanent (probationary) service may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination for a trustee to trustee transfer from a Section 403(b) or 457 plan and other post tax dollars.

CONDITIONS FOR PURCHASING YOUR NON-PERMANENT (PROBATIONARY) SERVICE WITH A TRUSTEE TO TRUSTEE TRANSFER FROM A SECTION 403(b) OR 457 GOVERNMENTAL DEFERRED COMPENSATION PLAN

- The amount to be transferred shall not exceed the amount of the total cost as determined by the NHRS.
- **Transfer checks greater than the figure necessary to reinstate the previously withdrawn NHRS service credit will be returned to the 457 or 403(b) plan administrator.**
- The member will be responsible for any tax liability when the transferred funds are distributed.
- Form CNHRS61 must be certified by the Section 457 or 403(b) plan administrator and returned to the NHRS with the transfer check.
- Checks will be returned to the plan administrator if Form CNHRS61 is not enclosed or certified.
- Service credit will not be granted until payment has been made in full.
- The member must sign and return Form CNHRS60 to the NHRS indicating his payment choice prior to initiating a trustee to trustee transfer.

PART I – TO BE COMPLETED BY THE MEMBER

Name: _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____ Phone Number: (____) _____

Street City Zip Daytime

Period of non-permanent (probationary) employment: ____/____/____ to ____/____/____

Signature: _____ Date: _____

PART II - TO BE COMPLETED BY THE PAYROLL OFFICER OF THE EMPLOYER DURING WHICH THE NON-PERMANENT TIME WAS SERVED

For the period of service requested, did this employee participate in any employer sponsored pension plan?
 ____ Yes ____ No

If yes, please identify that plan: ____ 403(b) ____ 457 ____ other (please identify) _____

Name of employer: _____ Phone Number: _____

Period of non-permanent (probationary) employment: ____/____/____ to ____/____/____

Name / Title of certifying officer _____

Signature of Certifying Officer: _____ Date: _____

PART III - TO BE COMPLETED BY MEMBER'S CURRENT PARTICIPATING EMPLOYER.

Current/Most Recent Participating Employer _____

Current compensation for employee identified in Part I (FY July 1 through June 30) \$ _____

Name/Title of certifying officer _____

Address _____ Phone number (____) _____

Signature _____ Date _____